

### **Illinois Recourse Credit Claim**

Date Submitted: \_\_\_\_\_

CARRIER NAME: \_\_\_\_\_ END USER CUSTOMER AFFECTED NAME: \_\_\_\_\_

CARRIER Billing Account Number: \_\_\_\_\_ END USER CUSTOMER AFFECTED TEL. NO.: \_\_\_\_\_

Check Applicable Claim(s) Below and Provide Requested Information

**Service Interruption Recourse Credit Claim**

Date/Time Interruption Reported to Company\* : \_\_\_\_\_

Ticket number: \_\_\_\_\_

Amount of Monthly Charge for Regulated Local Services Rendered Inoperative: \$ \_\_\_\_\_

Amount of Credit issued to end user Customer: \$ \_\_\_\_\_

Applicable Credit (Check/Circle One): Pro-Rata \_\_\_\_\_ 1/3 \_\_\_\_\_ 2/3 \_\_\_\_\_ 100% \_\_\_\_\_

Number of Additional Days \_\_\_\_\_ @ \$20/day \_\_\_\_\_ OR wireless phone \$ \_\_\_\_\_ /day

Requested Recourse Credit: \$ \_\_\_\_\_

**New Service Installation Charge Credit (Missed Interval)**

Date/Time Carrier Received Application for New Service: \_\_\_\_\_

Requested Installation Date: \_\_\_\_\_

Date/Time Order Received by Company\* : \_\_\_\_\_ Date Installed: \_\_\_\_\_

Order number: \_\_\_\_\_

Amount of Regulated Installation Charge Actually Imposed on end-user Customer: \$ \_\_\_\_\_

Amount of Credit Issued to end-user Customer: \$ \_\_\_\_\_

Applicable Credit (Check/Circle One): 50% \_\_\_\_\_ 100% \_\_\_\_\_

Number of Additional Days \_\_\_\_\_ @ \$20/day \_\_\_\_\_ OR wireless phone \$ \_\_\_\_\_ /day

Requested Recourse Credit: \$ \_\_\_\_\_

**Missed Installation Appointment Recourse Credit**

Date/Window of Missed Scheduled Appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: AM \_\_\_\_ PM \_\_\_\_ All Day \_\_\_\_ (Check/Circle One)

Order number: \_\_\_\_\_

Amount of Credit Issued to end-user Customer: \$ \_\_\_\_\_

Requested Recourse Credit: \$ \_\_\_\_\_

**Missed Repair Appointment Recourse Credit**

Date/Window of Missed Scheduled Appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: AM \_\_\_\_ PM \_\_\_\_ All Day \_\_\_\_ (Check/Circle One)

Ticket number: \_\_\_\_\_

Amount of Credit Issued to end-user Customer: \$ \_\_\_\_\_

Requested Recourse Credit: \$ \_\_\_\_\_

**\*\* Brief statement as to how Company\* caused the violation of the Local Exchange Service Obligation by the Carrier:**

---

#### **COMPANY\* RESOLUTION/RESPONSE**

**Company\* Contact:**

Claim Accepted: \_\_\_\_\_

Recourse Credit Amount: \$ \_\_\_\_\_

Claim Partially Accepted: \_\_\_\_\_

Claim Rejected-Incomplete: \_\_\_\_\_

Claim Denied: \_\_\_\_\_

**Explanation of Partially Accepted, Rejected-Incomplete, or Denied Claim:**

BY SUBMITTING THIS CREDIT CLAIM TO THE COMPANY\*, CARRIER REPRESENTS AND WARRANTS THAT THE AMOUNT OF THE RECOURSE CREDIT DUE THE CARRIER IS ACCURATE AND COMPLETE, BASED ON INFORMATION KNOWN TO THE CARRIER AND INFORMATION THE CARRIER HAS RECEIVED FROM ITS END-USER CUSTOMER.

\* "Company" refers to Ameritech